	ENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER (DEPTIFICATION NUMBER (DEPTIFICATION NUMB			A. BLDG: _	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:  05/22/2023			
HOSP OF	VIDER OR SUPPLIER: FHE UNI OF PA REPROD L FACILITY, THE	390111 OUCTIVE	STREET ADDRESS, CITY, STATE, ZIP CODE: 3701 MARKET STREET PHILADELPHIA, PA 19104						
STATE LICENS	STATE LICENSE NUMBER: 17461501								
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIEN MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG					
S 0000	This report is the result of a State licensure survey conducted on August 3, 2022, and completed on October 31, 2022, at the Hospital Of the University Of Pennsylvania Reproductive Surgical Facility. It was determined the facility was not in compliance with the requirements of the Pennsylvania Department of Health's Rules and Regulations for Ambulatory Care Facilities, Annex A, Title 28, Part IV, Subparts A and F, Chapters 551-573, November 1999.		S 0000						
S 0043				S 0043					
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGN			ATURE	· .	TITLE:	(X6) DATE:	·		

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***************************************		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	N NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		390111			00.	05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501		UCTIVE	STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY O		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 0043	Continued from page 1  51.31 Exceptions - Principle  51.31. Principle  The Department may grant the policy and objectives contherwise met, or when commune asonable hardship and or endanger the health, safe resident. No exceptions or digranted if compliance with by statute.  This REGULATION is not	exceptions to this part volume therein are appliance would create an an exception would not ty or welfare of a patien lepartures from this part the requirement is proving the second se	impair t or will be	S 0043	Tag 0043 – 51.31 Exceptions Principle The Hospital of the Universi Pennsylvania Reproductive Seacility (HUP RSF) took prosteps to report an event that deemed an infrastructure fail the Department of Health's Sonce it was identified as sucl October 28, 2022. HUP RSF leadership, in coordination we Penn Medicine Risk Manage HUP Director of Patient Saf Office of General Counsel, determined that this event mexception criteria for reporting infrastructure failure as a trainal PS-3 level patient to a high of care. The Infrastructure Fawas reported through the Pennsylvania Patient Safety Reporting System (PA-PSRS October 31, 2022.  The HUP RSF is taking the firm easures to prevent reoccurr. The HUP RSF Patient Safety (PSO), the HUP RSF Admin and the HUP RSF Director of	ty of Surgical compt was dure by Surveyor h on with ement, Cety, and et the ng as an nsfer of her level ailure S) on following rence: y Officer histrator,	Completion Date: 07/31/2023 Status: APPROVED Date: 06/20/2023

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		2 2		(X3) DATE SURVEY COMPLETED:			
	, ,	200111		A. BLDG: _ B. WING:	00	05/22/2023			
		390111				03/22/2023			
	VIDER OR SUPPLIER: ΓΗΕ UNI OF PA REPROD	MCTIVE	STREET ADDRESS, CITY, STATE, ZIP CODE:  3701 MARKET STREET						
	L FACILITY, THE	OCTIVE	PHILADELPHIA, PA 19104						
STATE LICENS (X4) ID	E NUMBER: 17461501	OF DEFICIENCIES (EACH DE	EICIENCV	ID	NO WIND DIG BY AN OF GODDE	CTION (T. L. CII.	(X5)		
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S 0043	Continued from page 2			S 0043					
					Nursing (DON) will review a	all safety			
					events, with special attention	- 1			
					level patients, for the HUP R	RSF and			
					determine the severity and classification of the event. On				
	October 26, 2022, the HUP RSF PSO,								
					the HUP RSF Administrator				
					HUP RSF DON reviewed all				
					exceptions that had been gra				
					the HUP RSF by the Departr Health Division of Acute and				
					Ambulatory Care and created				
					rubric outlining the exception	ons and			
					corresponding reporting				
					requirements. Based upon the determined that the only except the control of the c	- 1			
					requiring reporting to the	eption			
					Department of Health as an				
					infrastructure failure came un				
					Pa Code § Section 551.3 as to PS-3 level patients, dated	related			
					September 23, 2015. Upon fi	urther			
					investigation they determine	d that			
					none of the remaining excep				
					had any Department of Healt reporting requirements.	tn			
					HUP RSF leadership commu				
					this reporting requirement to	Penn			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390111			LDG:00_ ING: <b>05/22/202</b>		
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S 0043	Continued from page 3			S 0043	Medicine's Risk Managemer Director on October 26, 2022 the Risk Management Depar submits infrastructure failure on behalf of the HUP RSF.  Effective January 23, 2023 a representative of Penn Medic Risk Management and the H Director of Patient Safety be attending the HUP RSF Patic Safety Committee quarterly in order to review and providincreased coordination on events that occur in the HUP Additionally, on February 2, the HUP RSF Administrator HUP RSF DON began attend reporting into weekly HUP S calls to discuss emerging saft trends relevant to the HUP R The HUP RSF Administrator work collaboratively with Pe Medicine's Risk Managemer HUP RSF Infrastructure and Events are reported in according with Act 13 of 2002, Medical Availability and Reduction of	2 since rtment e reports  cine IUP egan ent meetings de safety PRSF. 2023, and the ding and Safety Sety RSF. r will enn nt so that Serious dance al Care	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	ΣΥ
		390111			<u></u>	05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501		UCTIVE	STREET ADDRESS, 3701 MARKE PHILADELPH	T STREET			
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S 0043	Continued from page 4			S 0043	(MCARE), PSA, and Depart Health requirements.  The HUP RSF will monitor in performance by the following HUP RSF PSO or designeer womanitor safety events (serious events, infrastructure failure, others) reported through Pen Medicine's occurrence report system. Safety events will be presented quarterly to the HUP attent Safety Committee and Quality Assurance and Performance Improvement (QAPI) Committee discussion and recommendate sustained compliance with extreporting requirements as parongoing quality assurance and performance improvement as beginning at the next schedul quarterly committee meeting 2023. Audits of medical record PS-3 level patients will be relieved the HUP RSF Medical Discussion and the HUP RSF DON and the Administrator to verify that a level patients who are transferance in the result of care are reported.	its g: The will us , and n ting e UP RSF d the ormance nittee for tions for exception rt of ad ctivities, led g, July 24, ords of all eviewed irector, HUP RSF all PS-3 erred to	

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVE COMPLETED:	EY
		390111		B. WING: _	WING: 05/22/2023		
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501			STREET ADDRESS, 3701 MARKE PHILADELPH	T STREET			
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S 0043	Continued from page 5			S 0043	DOH as infrastructure failure Audits will be reported at the scheduled quarterly HUP RS Patient Safety Committee an Quality Assurance and Perfo Improvement (QAPI) Commeetings, July 24, 2023.  Title of Person Responsible The HUP RSF Medical Directure HUP RSF Administrator are responsible for the Plan of Correction.  Completion Date: July 31, 2	e next  SF d the ormance nittee  ctor and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER IDENTIFICATION NUMBE  390111				IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 05/22/2023	ΞY	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
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S 0043	Based on review of factorecords (MR), and interest was determined the factorequired criteria as states by the Department related to one medical record review. Findings include:  Review on August 3, 2 "Exception Request A September 23, 2015, requested that the Host Pennsylvania Reproduct B facility, be allowed to with a physical status (granted with the follow facility is required to reas an infrastructure fair Patient Safety Reporting will also include inform Department that this were as the safety Reporting	erview with staff (EMeility failed to completed in the exception gated to Section § 551 PS3 level patients for viewed (MR1).  2022, of facility docupproval" letter dated evealed: "You specificate pital of the University ctive Surgical Facility to provide care to part (PS) of 3. Your requiving requirements eport all transfers to lure under the Penns and System (PA-PSR) mation in the report to	MP), it y with the granted .3 of the or one of  ment  fically ty of ty, a Class tients est was The a hospital ylvania- S), you to the	S 0043			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		390111		B. WING: _		05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501		DUCTIVE	STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
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S 0043	A request was made or and EMP4 by the surve from the facility to a terprovided documentation patient was transferred surgical procedure per 14, 2022. A request write for the required notific the transfer of MR1. Note that the transfer of MR1 comprevealed MR1 was addressed and 14, 2022, for a Ultraso (retrieval of eggs from guidance of ultrasound the vaginal wall, the blowall) with a PS-3 level (10 was documented in ever, location abdomer revealed a progress not (patient) experiencing (operating room) and very survey of the surve	ey team for patient to ertiary hospital. EM on that MR1, a PS-3 I to a tertiary hospital formed by the facility as made by the survection to the "Departation to the "Departation was provided.  I pleted on August 3, mitted to the facility and Guided Egg Reference ovarian follicles with a by needle aspiration ladder wall or the abland a pain scale seem MR1 as the worst pan), Further review of the authored by EMP severe pain, arrived	ransfers P3 level l, post y on April ey team ment" for  2022, on April trieval th the n through dominal ore of 10 pain FMR1 7 "Pt to OR	S 0043			
			S				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	390111			B. WING:		05/22/2023		
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET				
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S 0043	bed." Further review refrom the facility to a terprocedure via emergen.  An interview conducte approximately 1:30 PM confirmed MR1, PS-3 post surgical procedure emergency medical ser EMP4 confirmed the treported to the "Depart Exception Request App September 23, 2015, for interview confirmed the "Department" with Cross reference:  Regulation: 553.3(1), TResponsibilities	ertiary hospital post socy medical services do n August 3, 2022 M with EMP3 and EM level patient was trace to a tertiary hospitativices (911). EMP3 ransfer of MR1 was tement" as required by proval letter dated for a Class B facility. The event was not reposite 24 hours of confin	surgical (911).  2, at MP4 Insferred al via and not by the "Further orted to rmation.	S 0043				
S 033A				S 033A				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390111			<u></u>	05/22/2023		
NAME OF PRO' HOSP OF ' SURGICAL	MME OF PROVIDER OR SUPPLIER:  OSP OF THE UNI OF PA REPRODUCTIVE  URGICAL FACILITY, THE  ATE LICENSE NUMBER: 17461501  X4) ID  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY REFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		STREET ADDRESS 3701 MARKE PHILADELP  FICIENCY R LSC	A. BLDG: _ B. WING: _ , CITY, STATE, Z	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOCK CORRECTIVE ACTION SHOCK CROSS-REFERENCED TO THE ACTION SHOCK PROVIDER SHOWN THE ACTION SHOCK PROVIDER SHOWN THE ACTION SHOWN THE ACTI	ning forming te, and ty of Surgical ompt with Act vailability ARE), facility f a	Completion Date: 07/31/2023 Status: APPROVED Date: 06/20/2023	
					serious event to the department within 24 hours of the medic facility's confirmation of the occurrence or discovery of the serious event." "A medical facility shall report the occurrence or infrastructure failure to the Department within 24-hours medical facility's confirmation occurrence or discovery of the infrastructure failure." This requirement is based on the LRSF exception granted Septe 2015, allowing the care of Popatient in a Class B facility.	the facility f an of the on of the he HUP ember 23,		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		390111			05/22/202	05/22/2023	
HOSP OF SURGICA	VIDER OR SUPPLIER: THE UNI OF PA REPROD L FACILITY, THE SE NUMBER: 17461501	UCTIVE	STREET ADDRESS, 3701 MARKE PHILADELPH	T STREET			
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S 033A	Continued from page 10			S 033A	The HUP RSF is taking the measures to ensure compliar requirements to report the occurrence of a serious even infrastructure failure to the Department of Health and Pa Safety Authority within 24-hthe medical facility's confirm the occurrence of the serious and/or infrastructure failure:  Reeducation of the HUP RSI staff and employees to the H Patient Safety Plan: The HU medical staff will be informer regulation at the faculty mee scheduled for May 31, 2023 RSF Medical Director, and wreflected in the meeting minualong with medical staff atte The HUP RSF nursing staff informed of this regulation a next HUP RSF staff meeting scheduled for June 8, 2023, facilitated by the DON and wreflected in meeting minutes with nursing staff attendance. This plan of correction will be	t and atient nours of nation of s event  F medical IUP RSF P RSF ed of this etting by HUP will be utes indance. will be at the s along e.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		390111			BLDG:00 WING: 05/22/2		
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501		UCTIVE	STREET ADDRESS, 3701 MARKE PHILADELPH	T STREET			
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S 033A	Continued from page 11			S 033A	presented to the HUP Trusted through its Executive Comm scheduled for June 12, 2023 approval and any additional direction to HUP RSF leader that HUP RSF is in compliar requirements to report the occurrence of a serious event infrastructure failure to the Department of Health and Pa Safety Authority within 24-h the facility's confirmation of occurrence of the serious even and/or infrastructure failure.  Utilizing the direction given HUP Trustee Board through Executive Committee, the Ri Management staff and the HI Patient Safety Officer or desi will monitor safety events (seevent, infrastructure failure, others) reported through Pen Medicine's occurrence report system so that they may be re within 24 hours of confirmat serious event or infrastructur failure. The safety events with presented for discussion and	rship so nce with  t and/or atient nours of The ent  by the its isk UP RSF ignee erious and in ting reported tion of a re ill be	

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		390111		B. WING:		05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501		STREET ADDRESS, 3701 MARKE PHILADELPH	T STREET				
(X4) ID  PREFIX  TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	Continued from page 12			S 033A	recommendations to the HUI Patient Safety Committee an Quality Assurance and Perfo Improvement (QAPI) Committee next quarterly meeting so for July 24, 2023 for sustaine compliance with serious ever infrastructure event reporting of ongoing quality assurance performance improvement at Audits of medical records of level patients will be reviewed HUP RSF Medical Director, RSF DON and the HUP RSF Administrator to verify that a level patients who are transfer a higher level of care are reported at the scheduled quarterly HUP RSP atient Safety Committee and Quality Assurance and Performance improvement (QAPI) Committee and Quality Assurance and Performance and Perfo	d the rmance dittee at sheduled ed at and g as part and ctivities. Fall PS-3 erred to corted to e events. Express the enext of the rmance dittee at the enext of the express of the enext of t	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER'SUPPLIER'C IDENTIFICATION NUMBER:  390111			A. BLDG: _	(X3) DATE SURVEY			
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
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S 033A	Continued from page 13			S 033A	Improvement (QAPI) Commeetings will be reported up HUP Trustee Board ASF Coordinating Committee at t scheduled meeting, July 31, The HUP RSF Medical Dire HUP RSF Administrator are responsible for the Plan of Correction.  Completion date: July 31, 26	to the the next 2023. ctor and	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
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NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
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S 033A	Based on review of fact medical records (MR) (EMP), it was determine compliance with the Pot (MCARE)-Act 13.  The Hospital Of The UR Reproductive Surgical compliance with Act 1 Availability and Reduct 13 of 2002. Section 31 and notifications. (a) Sections are serious event to the department of the occurrence of the the department and the and manner prescribed consultation with the dinclude the name of an identifiable individual facility shall report the infrastructure failure to	and interview with send the facility was rennsylvania State Last University Of Pennsyl Facility was not in 3 of 2002 Medical Oction of Error (MCA 3. Medical facility rerious event reports eport the occurrence partment and the autimedical facility's coe eserious event. The authority shall be in the by the authority in the partment and shall by patient or any other information. (b)"-occurrence of an	ctaff not in tw  clvania  Care RE) Act eportsA of a hority infirmation report to in the form  not er A medical	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			ULTIPLE CONSTRUCTION: (X3) DATE SURVICES (COMPLETED: OG:00		EY
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NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE  STATE LICENSE NUMBER: 17461501			3701 MARKE PHILADELPI	T STREET			
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S 033A	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		nent, staff not in rement higher Class B for one  Jniversity cility une 2022 ture	S 033A			

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PLAN OF CORRECTION (POC) ID		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  390111		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET		1	
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	HOULD BE	(X5) COMPLETE DATE
S 033A	occurrence, or situation of the medical facility significant disruption of seriously compromise Components of Patient of Regulatory, Licensing at appropriate, within the consultation with the Consultation with the Consultation with the Consultation with the Consultation on the Accommission on the Accommis	or the discontinuation of service, which coupatient safetyIV. It Safety Plan: D. Noting and Accrediting and Accrediting age applicable time periodical decides of the General acclude, but not be limited after Authority, and excreditation of Health, the cafety Authority, and excreditation of Health noted in Section IV (accurrence will be real agencies within the after consultation we counselE. Medical person of HUP RSF's mer's employees are reside complying with the	on or ald tification Agencies. If to encies, if iod after Counsel. white to, et al. the Joint heare (D) ported to evith the I Staff encical sponsible expatient	S 033A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULT	IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		200444			00	05/22/2023	
		390111		D: ((1.10		03/22/2023	
	VIDER OR SUPPLIER: ΓΗΕ UNI OF PA REPROD	UCTIVE	STREET ADDRESS, 3701 MARKE		MP CODE:		
SURGICAL FACILITY, THE			PHILADELPI		104		
	174(1501						
(X4) ID	E NUMBER: 17461501 SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX	MUST BE PRECEEDE	ED BY FULL REGULATORY O		PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	COMPLETE
TAG	IDENTII	FYING INFORMATION)			CROSS-REFERENCED TO THE .	APPROPRIATE	DATE
S 033A	Continued from page 17			S 033A			
	events and incidents"						
	events and incidents						
	Review on August 3, 2	022 of facility docu	ıment				
	"Exception Request Ar						
	September 23, 2015, re						
	requested that the Hosp	•	-				
	Pennsylvania Reproduc		-				
	B facility, be allowed t	•	•				
	with a physical status (						
	granted with the follow	•					
	facility is required to re						
	as an infrastructure fail		_				
	Patient Safety Reportin	ng System (PA-PSRS	S), you				
	will also include inform	nation in the report t	to the				
	Department that this w	as a PS-3 patient tra	nsfer."				
	Review of MRI, admitted on April 14, 2022, for a Ultrasound Guided Egg Retrieval revealed MR1 was transferred post surgical procedure to a tertiary						
	hospital for additional						
	by OTH1, a physician	• •					
	services (911). A reque	-	survey				
	team for the required n	otification to the					

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PLAN OF CORRECTION (POC) IDENTIFICAT		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED: 05/22/2023	
NAME OF PROVIDER OR SUPPLIER: HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE			STREET ADDRESS, 3701 MARKE PHILADELPI	T STREET			
STATE LICENS (X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY O			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033A	X MUST BE PRECEEDED BY FULL REGULATORY OF		2, at 2:00 1, a sfer from s (911) on a tertiary ices. not of ised event did	S 033A			

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# **Certified End Page**

### HOSP OF THE UNI OF PA REPRODUCTIVE SURGICAL FACILITY, THE

STATE LICENSE NUMBER: 17461501 SURVEY EXIT DATE: 05/22/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

## PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY